

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001

2 PAGE #
1 of 6

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

Mr.

FIRST

Robert

MI

NICKNAME

Bob

LAST

Allen

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

JAN 13 2010

City Recorder's Office

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed*

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10601 Big Horn Trail
Frisco, TX 75035
☐ Change of Address

**5 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

Mr.

FIRST

Robert

MI

NICKNAME

Bob

LAST

Allen

SUFFIX

**6 CAMPAIGN
TREASURER
ADDRESS**
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10601 Big Horn Trail
Frisco, TX 75035
**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(469) 667-3396

8 REPORT TYPE
☒

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

Month

Day

Year

THROUGH

Month

Day

Year

07/16/2009

01/01/2010

10 ELECTION

Month

ELECTION DATE
Day Year

ELECTION TYPE

☐

Primary

☐

Runoff

☐

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

Frisco City Council - Place 1

12 OFFICE SOUGHT (if known)
**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Allen, Robert (Mr.)

15 ACCOUNT # (Ethics Commission filers)
0000000116 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 750.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 391.72

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

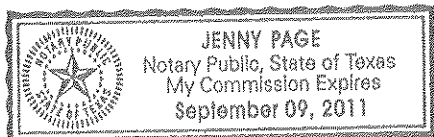
\$ 2,520.32

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Bob Allen

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert Allen, this the 18th day
of January, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 3/6

2 FILER NAME Allen, Robert (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/26/2009

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Association of Realtors PAC**6** Contributor address; City; State; Zip Code
6821 Colt Road
Plano, TX 75024**7** Amount of
contribution (\$)

\$750.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 4/6**2** FILER NAME Allen, Robert (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001

4 Date 12/26/2009	5 Payee name Allen, Robert (Mr.) 6 Payee address; City; State; Zip Code 10601 Big Horn Trail Frisco, TX 75035	7 Amount (\$) \$173.50
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8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement for iContact and Records Requests**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/21/2009	Payee name Applebee's Neighborhood Grill Payee address; City; State; Zip Code 3141 Preston Road Frisco, TX 75034	Amount (\$) \$31.04
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Purpose of payment (See instructions regarding type of information required.)
Campaign Lunch**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/28/2009	Payee name Applebee's Neighborhood Grill Payee address; City; State; Zip Code 3141 Preston Road Frisco, TX 75034	Amount (\$) \$32.98
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Purpose of payment (See instructions regarding type of information required.)
Campaign Lunch**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/29/2009	Payee name Gloria's Payee address; City; State; Zip Code 8600 Gaylord Pkwy Frisco, TX 75034	Amount (\$) \$29.33
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Purpose of payment (See instructions regarding type of information required.)
Campaign Lunch**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 5/6**2** FILER NAME Allen, Robert (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

11/28/2009

5 Payee name
Godaddy.com**6** Payee address; City; State; Zip Code
.....
Internet Based
Scottsdale, AZ 85000**7** Amount
(\$)

\$10.87

8 Purpose of payment (See instructions regarding type of information required.)

1 Year - Domain Name Registration for boballenforfrisco.com

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**The *INSTRUCTION GUIDE* explains how to complete this form.**1** PAGE #

Schedule: 1/1 Report: 6/6

2 FILER NAME Allen, Robert (Mr.)**3** ACCOUNT #

(Ethics Commission filers)

00000001

4 Date

12/15/2009

5 Payee name

iContact

8

Amount

(\$)

6 Payee address; City; State; Zip Code2635 Meridian Pkwy
Durham, NC 27713

\$114.00

7 Purpose of expenditure (See instructions regarding type of information required.)

iContact List Serve Mailing List - Jul-Dec, 2009

Reimbursement
from political
contributions
intended(If travel outside of Texas, complete Schedule T) ☐